

STRAIGHT BILL OF LADING—ORIGINAL—NOT NEGOTIABLE

DATE _____ PRO. NO. _____

B/L NO. _____ PAGE _____

SHIPPER NO.		TRAILER NO.	
SHIPPER NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
ORIGIN CITY (IF DIFFERENT THAN ABOVE)	STATE	ZIP CODE	

CONSIGNEE NAME AND ADDRESS		
DESTINATION CITY	STATE	ZIP CODE
PHONE NO.		

INVOICEE OR COD REMIT TO NAME (IF DIFFERENT THAN SHIPPER)		
ADDRESS		
CITY	STATE	ZIP CODE
ATTN.		

CUSTOMER NO.	STORE NO.	DEPT.
P.O. NO.		
SPECIAL INSTRUCTIONS		

COD FEE PREPAID COLLECT COD AMT \$ _____ CUSTOMER CHECK OK FOR COD AMOUNT? YES NO

NO. SHPG UNITS	KIND OF PKG	H/M	DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS	NMFC ITEM NO.	CLASS	WEIGHT (LB) SUBJ. TO CORR.	RATE	CHARGES CARRIER USE ONLY

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: _____ FREIGHT CHARGES ARE COLLECT UNLESS MARKED PREPAID. CHECK BOX IF CHARGES ARE PREPAID TOTAL CHARGES \$ _____

NOTE (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____"
NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706 (c)(1)(A) and (B).
 RECEIVED, subject to individually determined rates or written contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to rates, classifications and rules that have been established by the carrier and are available to the shipper, on request.
 NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC item 360.
 If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
 The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.
 Signature of consignor _____

The property described above is in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined, as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery of said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

SHIPPER COMPANY NAME	CARRIER	DATE	Trailer Loaded by: <input type="checkbox"/> Shipper <input type="checkbox"/> Driver Freight Counted by: <input type="checkbox"/> Shipper <input type="checkbox"/> Driver: pallets said to contain <input type="checkbox"/> Driver: pallets containing <input type="checkbox"/> Driver: loose pieces
SHIPPER SIGNATURE	PER	H/U RECEIVED	

THIS SHIPPING ORDER MUST BE LEGIBLY COMPLETED IN INK, INDELIBLE PENCIL, OR CARBON AND RETAINED BY THE AGENT

DATE _____ PRO. NO. _____

B/L NO. _____ PAGE _____

SHIPPER NO.		TRAILER NO.	
SHIPPER NAME			
ADDRESS			
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ORIGIN CITY (IF DIFFERENT THAN ABOVE)	STATE	ZIP CODE	

CONSIGNEE NAME AND ADDRESS		
DESTINATION CITY	STATE	ZIP CODE
PHONE NO.		

INVOICEE OR COD REMIT TO NAME (IF DIFFERENT THAN SHIPPER)		
ADDRESS		
CITY	STATE	ZIP CODE
ATTN.		

CUSTOMER NO.	STORE NO.	DEPT.
P.O. NO.		
SPECIAL INSTRUCTIONS		

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NO. SHPNG UNITS	KIND OF PKG	H/M	DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS	NMFC ITEM NO.	CLASS	WEIGHT (LB) SUBJ. TO CORR.	RATE	CHARGES CARRIER USE ONLY

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: _____ FREIGHT CHARGES ARE COLLECT UNLESS MARKED PREPAID. CHECK BOX IF CHARGES ARE PREPAID TOTAL CHARGES \$ _____

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HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: _____	FREIGHT CHARGES ARE COLLECT UNLESS MARKED PREPAID. CHECK BOX IF CHARGES ARE PREPAID <input type="checkbox"/>	TOTAL CHARGES \$ _____
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